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PTO/SB/21 (09-04)
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/554,084
Filing Date	October 21, 2005
First Named Inventor	Tristian Roger THORNHILL
Art Unit	3752
Examiner Name	James Sean Hogan
Total Number of Pages in This Submission	Attorney Docket Number
	033335R028

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> One-Month Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR1.52 or 1.53	<input checked="" type="checkbox"/> Replacement Drawing(s) (2 sheets of Figs. 1-4) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTO Form 1449 w/two (2) cited references; Check in the amount of \$660.00
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	Smith, Gambrell & Russell LLP		
Signature			
Printed Name	Dennis C. Rodgers		
Date	April 10, 2008	Reg. No.	32,936

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature	
Typed or printed name	
	Date

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FEE TRANSMITTAL for FY 2006

Effective 10/01/2004. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

\$ 660.00

Complete if Known

Application Number	10/554,084
Filing Date	October 21, 2005
First Named Inventor	Tristian Roger THORNHILL
Examiner Name	James Sean Hogan
Art Unit	3752
Attorney Docket No.	033335R028

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Other None
Order

 Deposit Account:Deposit Account Number **02 - 4300**Deposit Account Name **SMITH, GAMBRELL & RUSSELL**

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee
 to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1001	790	2001	395
1002	350	2002	175
1003	550	2003	275
1004	790	2004	395
1005	160	2005	80
SUBTOTAL (1)		- 0 -	

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	23	-20 **	=	3	X	50.	=	150.	Fee from below	Fee Paid
Independent Claims	4	3	=	1	X	210.	=	210.		
Multiple Dependent					X	300	=	0		

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1202	18	2202	9
1201	88	2201	44
1203	300	2203	150
1204	88	2204	44
1205	18	2205	9
SUBTOTAL (2)		\$360.00	

**or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	120	2251	60
1252	450	2252	225
1253	1,020	2253	510
1254	1,590	2254	795
1255	2,160	2255	1,080
1401	500	2401	250
1402	340	2402	170
1403	300	2403	150
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,370	2453	685
1501	1,370	2501	685
1502	490	2502	245
1503	660	2503	330
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	790	2809	395
1810	790	2810	395
1801	790	2801	395
1802	900	1802	900
Other fee (specify)			
*Reduced by Basic Filing Fee Paid			
SUBTOTAL (3)			\$300.00

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Dennis C. Rodgers	Registration No. (Attorney/Agent)	32,936	Telephone	202 263 4300
Signature				Date	April 10, 2008

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